

**KALIMANTAN
EMERGENCY RESPONSE
(KER)**

FINAL REPORT

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KALIMANTAN EMERGENCY RESPONSE

I. EXECUTIVE SUMMARY

World Vision Indonesia	Date:	25 July 2002
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Program Title:	Kalimantan Emergency Response (KER)
Cooperative Agreement/Grant No:	497-G-00-99-00040-00
Country /Region (s):	West Kalimantan, Indonesia
Disaster/Hazard:	Ethnic Conflict
Time Period covered by this report:	August 1999 to June 2002

The renewal of ethnic fighting in February-March 1999 between Dayak, Malay, and Madurese people in West Kalimantan had resulted in hundreds of fatalities and enormous property destruction. More than 30,000 Madurese have fled their homes in Sambas District and have crowded into several IDP camps both in Pontianak and Singkawang areas seeking food, shelter, and protection from the government.

Based on a survey conducted by the Province of West Kalimantan Ministry of Health (June 1999) and International Committee of Red Cross (May 1999), it was found that 15.5 % of U5 children in Wajok camp (total 2300 IDP with 500 U5 children) and 17.5 % of U5 children in Marhaban camp (total 2800 IDP with 480 U5 children) have died due to ARI and Diarrhea with severe malnourished condition as main caused. World Vision nutritional survey held on August 1999 in Marhaban camp showed that the wasting prevalence of U5 children was 12.17% which was above WHO standard of wasting prevalence (10% of total population).

The condition showed the significant need of particular malnutrition treatment for U5 children as well as the health care for general IDP population in IDP camps with three main component i.e. provision of food aid, therapeutic feeding and health education. This situation led World Vision to initiate emergency response program to assist the IDP in maintaining their health and nutrition condition particularly U5 children

Program Goal: To assist the GOI in the emergency response to the influx of refugees at the IDP camps in Pontianak district and in Sambas district; through the provision of goods and services to combat malnutrition and maintain adequate standards of health among the IDP's registered at the camps, until such time as IDP's can be relocated to permanent locations.

Objective 1: Improve the nutritional and health status of severely malnourished children 0-59 months of age by providing therapeutic feeding and medical assistance to these endangered children until such time as they no longer suffer from severe malnutrition. Develop the capacity to provide emergency therapeutic feeding medical services.

Activity : To operate and manage Therapeutic Feeding Center.

Accomplishment: During the period of September 1999 to July 2001, WV operated two Therapeutic Feeding Centers at Wajok and Soedarso. Through these TFCs the program has treated 92 severe malnourished

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children in which 53 (57.61%) of the patients are recovered.

Objective 2 : Enhance the nutritional and health status of moderately malnourished U5 children and prevent further cases of malnutrition among the general U5s child population.

Activity 2.1 : Monthly screening of the nutritional status of U5 children in all IDPs camps.

Accomplishment: During the program, World Vision had conducted monthly nutritional screening to average 1460 U5 children.

Activity 2.2 : Distribute supplemental fortified blended foods to children U5s.

Accomplishment : During the program, World Vision had distributed total 66,532 kg of supplemental food in form of wheat soy blend, high energy biscuit, mung bean and vitadele to average 1500 U5 children monthly.

Objective 3: Remedy and prevent the instance of malnutrition among the general IDP population.

Activity 3.1: Distribute rice and food basket to IDPs families.

Accomplishment: During period of October 1999 to July 2000, World Vision distributed 1,293 mt of rice, 22.17 mt of vegetable oil, 19.74 mt of sugar, 19.15 mt of green bean, 8.81 mt of salty fish, 13,294 can of tin fish and 4.78 mt of salt.

Objective 4: Prevent the spreading of disease and illness among the camp populations within the IDP camps.

Activity 4.1: Health education to the camp populations in relation to prevent the spreading diseases and illness.

Accomplishment: During the program, an average 750 mothers benefited monthly from World Vision 's health education sessions with various health issues. Mothers attended the sessions when they brought their U5 children to get measured through monthly nutritional screening activities. In addition, a total of 48 IDPcadres also received health training.

Objective 5: Improve the household health standards and conditions of IDP families by providing non food stuff such as soap, detergent, etc. as a part of the effort to reduce the spread of disease and illness.

Activity 5: Distribute non-food commodities to each IDP's family at least once during the project.

Accomplishment: During period of October 1999 to December 1999, World Vision distributed 23,099 pieces of laundry soap, 46,198 pieces of bath soap, 3,560 nail cutters, 4,142 tubes of tooth paste and 14,204 tooth brushes.

II. PROGRAM OVERVIEW

As outlined in the proposal, the goal of the Kalimantan Emergency Response (KER) program was to ensure that vulnerable IDPs households in Pontianak district and Sambas district are provided with goods and service to combat malnutrition and maintain adequate standards of health until such time as the IDPs can be re-integrated or resettled to permanent locations. The program started in August 1999 and initially it was six months nutritional intervention program with main focus to improve the nutritional and health status of severely malnourished children U5 through therapeutic feeding center services. Due to the significant need of nutritional surveillance identified at field, the program was extended for a total of 34 months and ended as all IDP were able to leave the IDPs camps in June 2002.

There are five main activities held during the program:

1. Operation of Therapeutic Feeding Center for severely malnourished children U5.
2. Monthly nutritional screening for children U5
3. Distribution of supplement food to children U5
4. Distribution of rice and food basket and non food item to vulnerable IDPs household

5. Health education to general IDPs population specifically for mothers of children U5

The target population for this program is malnourished children U5 who stayed in IDPs camps located in Stadion Sutan Syarif Abdurahaman, Asrama Haji, GOR Pangsuma, GOR Bulutangkis, GOR Untan, Sei Jawi, Arang Limbung, Den Zibang, Wajo, and Marhaban. The first-nine camps located in Pontianak District and the remainder in Sambas district. Since October 2001, the service area was expanded to reach IDPs U5 children in the following resettlement areas as Tebang Kacang SP1, SP2, SP3, Bakti Suci, Parit Sidomulyo, Parit Sumber Bahagia, Sei Rasau, Parit Haji Ali and Pulau Nyamuk.

III. PROGRAM PERFORMANCE

3.1 Objective 1

The first objective of the program is to improve the nutritional and health status of severe malnourished children 0-59 months of age by providing therapeutic feeding and medical assistance to these endangered children until such time as they no longer suffer from severe malnutrition. The severely malnourished children were identified in the monthly nutrition surveillance activities. WV outreach team checked the data over again in the field. The team was also responsible to check data of severely malnourished children informed by the health worker in the field. Once they found the severely malnourished children, the team would ask the parents to bring their children for treatment in the TFC.

The criteria used for admission and discharge of TFC patients are:

A. Admission of patients

1. Age/Status

- IDPs
- Less than 5 years of age or, if age cannot be determined, less than 110 cm in height
- Older children who are severely malnourished may be admitted

2. Nutritional Status

- Weight for height less than 70 % of the median (or less than 3 SDs below the median)
 - Kwashiorkor or nutritional oedema, defined as bilateral pitting oedema on the lower legs and/or feet
 - MUAC less than 11 cm
3. Clinical Complication
- Marasmic- kwashiorkor
 - Severely dehydrated
 - Severely anemia
 - Persistent diarrhea and/or vomiting
 - Extreme pallor, hypothermia or shock
 - Signs of systemic, lower respiratory tract or other locally infection
 - Persistent loss of appetite
 - Severe lethargy
 - Jaundice

B. Discharge of patients

- For children under-five years of age: when a child reaches more than 85 % Weight for Height and all oedema has been resolved
- or children of five years old and older: clinical criteria, including no medical problems, steady weight gain, and no sign of malnutrition

WV established two Therapeutic Feeding Centers (TFC) in Wajok and Soedarso. TFC in Wajok was operated from August 15, 1999 until November 26, 1999 meanwhile in Soedarso was held from August 23, 1999 and ended on July 31, 2000. The following table showed the performance of each TFC:

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Table 1. TFC Performance

	Wajok	Soedarso
Total U5 treated	17	75
Total discharged	5 (29.41%)	48 (64.0%)
Total progressed	10 (58.8 %)	5 (6.66%)
Total failed	1 (5.88 %)	18 (24.0%)
Total transferred	0 (0.00 %)	4 (5.33%)
Total death	1 (5.88 %)	0 (0.00%)

The total of 92 severe malnourished U5 children were treated during the program and 53 children were discharged (57.60%). Four patients transferred to hospital due to acute pneumonia and acute respiratory infection. One patient died during treatment due to acute pneumonia. The status of TFC patients showed that 20.65% of them failed to be treated long enough in the clinic to reach the targeted weight and optimal clinical condition. It was because most of the parents refused to leave their families for too long since they still have many other children to care for at home.

3.2 Objective 2

The second objective of the program is to enhance the nutritional and health status of moderately malnourished U5 children and prevent further cases of malnutrition among the general U5s child population. There were two activities held to achieve this objective:

1. To conduct monthly screening of the nutritional status of U5 children in all IDP's camps
2. To distribute supplemental fortified blended foods to U5 children

3.2.1 Activity 1

During the program, KER team conducted monthly weight for height measurements to all U5 children. Targeted beneficiaries are children less than 5 years of age, or children with less than 110 cm in height if the age cannot be determined.

WV analyzed the nutritional status of the children by using the WHO standard (weight per height/WHZ) and identified the children in 3 (three) categories:

	<u>Z-Score</u>	<u>Status</u>
1.	$Z > -2$	Normal-mild
2.	$-2 \leq Z < -3$	Moderately malnourished
3.	$Z \leq -3$	Severe malnourished

Every month, an average of 1460 U5 children came to the measurement post. Since October 2001, the team extended the covered area of nutritional screening activity to the resettlement areas such as Tebang Kacang SP1, SP2, SP3, Bakti Suci, Parit Sidomulyo, Parit Sumber Bahagia, Sei Rasau, Parit Haji Ali and Pulau Nyamuk. The following table showed the nutrition status of U5 children in during the program:

Table 2. The nutrition status of U5 children

Month / Status	# U5 measured	Normal-mild %	Moderate %	Severe %	Wasting %
October 1999	733	94.68	4.77	0.55	5.32
November 1999	1150	95.48	4.43	0.09	4.52
Desember 1999	827	97.82	2.18	0	2.18
January 2000	1271	94.57	4.88	0.55	5.43
February 2000	977	87.31	12.08	0.61	12.69
March 2000	970	86.49	13.30	0.21	13.51

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April 2000	1426	87.38	11.99	0.63	12.62
May 2000	1193	83.65	15.17	1.17	16.35
June 2000	1118	84.88	14.22	0.89	15.12
July 2000	1224	85.21	13.40	1.39	14.79
August 2000	1456	90.04	9.62	0.34	9.96
September 2000	1641	90.98	8.41	0.61	9.02
October 2000	1742	91.50	7.92	0.57	8.50
November 2000	1853	93.31	6.10	0.59	6.69
December 2000	1733	94.23	5.48	0.29	5.77
January 2001	1661	96.20	3.67	0.12	3.79
February 2001	1620	92.03	7.53	0.43	7.96
March 2001	1581	94.56	5.12	0.32	5.44
April 2001	1660	96.08	3.73	0.18	3.92
May 2001	1620	92.04	7.53	0.43	7.96
June 2001	1608	86.01	13.06	0.93	13.99
July 2001	1432	82.89	16.20	0.91	17.11
August 2001	1345	86.54	13.16	0.30	13.46
September 2001	1272	85.93	13.44	0.63	14.07
October 2001	1762	88.48	11.24	0.28	11.52
November 2001	1640	86.16	13.60	0.24	13.84
December 2001	1542	87.74	11.93	0.32	12.26
January 2002	1585	90.91	8.77	0.32	9.09
February 2002	1681	88.76	11.06	0.18	11.24
March 2002	1512	88.96	10.78	0.26	11.04
April 2002	1539	88.76	10.79	0.45	11.24
May 2002	1705	89.21	10.44	0.35	10.79
June 2002	1771	88.59	10.78	0.62	11.41

3.2.2 Activity 2

In order to enhance and maintain the nutritional status of IDP U5 children, WV conducted supplementary food distribution both in wet and dry rations. For period of November 1999 to July 2000, WV provided nutritious porridge and milk daily for total of 1188 moderate malnourished U5 children in Therapeutic Feeding Center at Wajok and Sudarso as well at camps. In addition, WV also distributed total of 66,532 kg of supplemental food in form of wheat soy blend, high energy biscuit, mung bean and vitadele to all IDPs U5 children in camps. The distribution took place at the same time the health team conducted weight for height measurement activities. The following table showed monthly distribution held during the program.

Table 3. Supplement feeding distribution

Commodity	Total distributed	# of beneficiaries	Period of distribution
Wheat Soy Blend	7,428 kg	1,608 U5 children	Nov 99 – Jan 00
High Energy Biscuit	9,222.5 kg	4,826 U5 children	September 00 & April 01
Mung Bean	6,756 kg	1,901 U5 children	Oct 00 & July 01
Vitadele	43,125.5 kg	19,904 U5 children	Nov 00 – Jan 01 & Oct 01 – June 02

3.3 Objective 3

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The third objective of the program is to remedy and prevent the instance of malnutrition among the general IDP population. To achieve this objective World Vision conducted rice and food basket distribution to IDPs families. During period of October 1999 to July 2000, World Vision had distributed following items:

Table 4. Food Distribution

Item	Total distributed	# of beneficiaries
Rice	1,293 metric tones	3768 household
Vegetable oil	22.17 metric tones	3768 household
Sugar	19.74 metric tones	3768 household
Green bean	19.15 metric tones	3768 household
Salty fish	8.81 metric tones	3768 household
Tin fish	13,294 cans	3768 household
Salt	4.78 metric tones	3768 household

3.4 Objective 4

The fourth objective of the program is to prevent the spreading of disease and illness among the camp populations within the IDP camps. To achieve this objective, World Vision conducted health education activities to the camp populations. The health education was given particularly to the mothers in form of focus group discussions, games and competitions and mostly it was held at the same time World Vision's health team was conducting monthly nutritional screening activities to children U5. In addition to health education to mothers, World Vision also conducted regular health training to IDP's health cadres. Following table showed the type of health education & training, number of participant and material disseminated.

Table 5. Health education and training

Type	# of participants	Material
Health education to mothers	750 mothers	<ul style="list-style-type: none"> - exclusive breastfeeding - nutritious feeding practices - malnutrition - child care practices - supplementary & complementary feeding - immunization - hygienic sanitation - diarrhea - dengue fever - malaria - acute respiratory infection - vitamin A - iodine deficiency diseases - anemia - personal & environmental hygienic - antenatal care - family planning
Health training for cadres	48 cadres	<ul style="list-style-type: none"> - child health monitoring system - exclusive breastfeeding - nutritious feeding practices - malnutrition - child care practices - supplementary & complementary feeding - immunization

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		<ul style="list-style-type: none">- hygienic sanitation- diarrhea- dengue fever- malaria- acute respiratory infection- vitamin A- iodine deficiency diseases- anemia- personal & environmental hygienic- antenatal care- family planning
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3.5 Objective 5

The fifth objective of the program is to improve the household health standards and conditions of IDP families by providing non food stuff such as soap, detergent etc as a part of the effort to reduce the spread of disease and illness. To achieve this objective, World Vision distributed non-food commodities to each IDP's family. During period of October 1999 to December 1999, World Vision distributed 23,099 pieces of laundry soap, 46,198 pieces of bath soap, 3,560 nail cutters, 4,142 tubes of tooth paste, and 14,204 tooth brushes. A total of 3,560 IDP families benefited from this activity.

Annex 1. Finance Report

[Ker.prn](#)

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Annex 2. KERP Photo Documentation

[Photo Documentation.doc](#)

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